



HARFORD COUNTY HEALTH DEPARTMENT

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Health Officer

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Yngvild Olsen, MD, MPH
Deputy Health Officer

APPLICATION FOR LICENSE TO OPERATE A NON-PROFIT FOOD SERVICE FACILITY

Application is hereby made to operate a food service facility in accordance with
COMAR 10.15.03

PLEASE PRINT OR TYPE

FACILITY NAME
MAILING ADDRESS
TOWN ZIP CODE
CONTACT PERSON (Name & Address)
PHONE NUMBER (Facility)
PHONE NUMBER (Contact Person)
FACILITY STREET ADDRESS, ALSO NEAREST INTERSECTION ROAD/STREET

DAYS & HOURS OF OPERATION: KITCHEN BAR

CHECK WHERE APPLICABLE

Water Supply Public Private
Sewerage Public Private
Grease Interceptor Yes No

APPROXIMATE NUMBER OF EVENTS PER YEAR AND DATE

MENU

DO OTHER GROUPS USE THIS KITCHEN?

SIGNATURE DATE

Non-profit groups are exempt from fees, but are routinely inspected.

OFFICIAL USE ONLY

I.D. NUMBER **DATE**